



## Advice from Dr. Weiss

**Q I'm in my 35th week and recently developed a really itchy rash on my belly. I go on daily walks in the woods so I thought it was just poison oak, even after it spread to my legs, but now it's so bad I can't sleep. What's happening to me?**

**A** Only a visit to your doctor can give you a diagnosis, but I suspect you have PUPPP (pruritic urticarial papules and plaques of pregnancy), what's now more often called PEP (polymorphic eruption of pregnancy).

This is the most common itchy rash of pregnancy, affecting about 1 in 160 pregnancies. It develops late in the third trimester, tends to stabilize as the

pregnancy progresses, and goes away with delivery. The cause is unknown and no increased risk of other conditions has been found in the mother or her baby as a result.

The rash often starts on the belly with red, itchy, and raised skin. Sometimes tiny blisters are present. In many women, the bumps merge into a larger red area. The face, hands, and feet are rarely involved, but spreading to the legs, buttocks, chest, arms, and back is common.

To treat it, your ob/gyn will likely prescribe a combo of pregnancy-safe antihistamines and steroids. But be sure to see a doctor now—in rare cases, an itchy rash can be a sign of something more serious.

**Stephen H. Weiss, M.D.**, is an assistant professor in the department of gynecology and obstetrics at Emory University School of Medicine in Atlanta.



## Doula Jill says

**Q I'm curious about childbirth hypnosis, but I've never used hypnosis before. Would it still work for me, and can my husband be involved?**

**A** Childbirth hypnosis CDs and classes are growing in popularity, as many seek to complement traditional childbirth education, which teaches anatomy and physiology, with instruction that focuses on the mind. Several of my clients have used hypnosis late in the third trimester to help turn their babies from breech to head down with great success.

You don't need prior experience for hypnosis to work, but because you're new to it, I would suggest in-person sessions with a certified practitioner rather than recordings. Be aware that

continued practice is essential, which means committing time each day to the protocols. Your partner should attend with you, to learn the hypnosis script you'll use, and pick up ideas for other support tools, all of which will give him confidence in using this method in the delivery room.

As you have with other classes you've taken in pregnancy, go in to your sessions with a willingness to explore. Studies of childbirth hypnosis continue to suggest it as a wonderful tool for pain management, but it's also a great addition to your overall experience in what can be an anxious time. We hope you'll write and tell us how it went!

**Jill Wodnick, M.A.**, ([jillwodnick.com](http://jillwodnick.com)) is a certified doula, prenatal instructor, and owner of Montclair Maternity, a New Jersey childbirth education center.



## Ask Dr. Dana

**Q** I'm expecting in April. My baby is in the breech position. What do I have to be concerned about after delivery?

**A** With a breech baby, pediatricians pay close attention to the hips. At delivery, the doctor or nurse practitioner in charge of examining your baby will check the hips to confirm that there's no evidence of hip dysplasia. This is a condition in which the hip socket is shallow, so the head of the femur doesn't fit in snugly. If the exam is normal, and the hips appear to be stable, your infant will get a hip ultrasound at one month of age to confirm that the hips are healthy. In the event of dysplasia, your baby may need to wear a flexible brace. ●

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